UPPERLEVEL FITNESS INC. WAIVER AND RELEASE OF LIABILITY

25 CIRCLE STREET ROCHESTER NEW YORK 14609 585-288-8450

WWW.UPPERLEVELPERSONALTRAINING@GMAIL.COM

I ACKNOWLEDGE AND AGREE THAT ______ COULD BE INJURED BY BEING PRESENT AT OR USING UPPERLEVEL FITNESS INC. OR PARTICIPATING IN ANY OF THE FACILITIES ACTIVITIES OR PROGRAMS, INCLUDING WITHOUT LIMITATION USING THE EQUIPMENT AND FACILITIES. As a material consideration for Upperlevel Fitness Inc. to permit me at its facilities, I on my own behalf and on the behalf of my guests, assume all risks of personal injury, death, property loss or other damage which may result from or arise out of attendance at or use of land or participation in any of the programs or activities.

I ______ HEREBY HOLD UPPERLEVEL FITNESS INC., ITS OFFICERS, OWNERS, AGENTS AND EMPLOYEES HARMLESS FROM ALL CLAIMS WHICH MAY BE BROUGHT AGAINST THEM DURING MY PARTICIPATION IN PERFORMANCE ENHANCEMENT TRAINING.

I ACKNOWLEDGE AND AGREE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND AND AGREE THAT IT'S A WAIVER AND RELEASE OF LIABILITY.

	DATED:
	PLEASE PRINT NAME OF STUDENT ATHLETE
OR SHE IS UNDER THE AGE OF EIGHTEEN (PARENT AND OR GUARDIAN OF STUDENT ATHLETE IF HE
	PLEASE PRINT NAME OF PARENT AND OR GUARDIAN